

# Retail Food Inspection Report

Floyd County Health Department  
Telephone (812) 948-4726

<b>Establishment Name</b> GRASS CORP.	<b>Telephone Number</b>  Est 812-843-3277 Own 812-843-3277	<b>Date of Inspection</b>  05/07/2022	<b>ID#</b>		
<b>Address</b> 15606 ORIOLE RD, LEOPOLD IN 47551					
<b>Owner</b> STAN & MARSHA STECKLER	<b>Purpose</b> <input checked="" type="checkbox"/> Routine <input type="checkbox"/> Follow-up <input type="checkbox"/> Complaint <input type="checkbox"/> Pre-Operational <input type="checkbox"/> Temporary <input type="checkbox"/> HACCP <input type="checkbox"/> Other (list)	<b>Follow Up</b>	<b>Released</b>		
<b>Owner's Address</b> ,		<b>Menu Type</b> 1 _ 2 <u>X</u> 3 _ 4 _ 5 _			
<b>Person in Charge</b> MARTHA STUCKLER					
<b>Responsible Person's Email</b> SANDMSTECKLER@PSCI.NET					
<b>Certified Food Handler</b>					
CRITICAL ITEMS ARE IDENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS MARKED "C" VIOLATION(S) REPEATED FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SUMMARY OF VIOLATIONS" AND IN THE NARRAIVE COLUMN MARKED AS "R"					
<b>Section #</b>	<b>C</b>	<b>NC</b>	<b>R</b>	<b>Narrative</b>	<b>To Be Corrected</b>
<b>Summary of Violations</b> C    _____    NC    _____    R    _____					
Received by (name and title printed):			Inspected by (name and title printed): Thomas Snider CFS		
Received by (signature):			Inspected by (signature): <i>Thomas Snider</i>		
cc:		cc:		cc:	